

DEALING WITH GRIEF AND LOSS

If you have questions about any of the issues addressed in this review, or for more information, you may contact Chaplain Sandra Gillan, D.Min. or Chaplain Norman Bouffard, Ph.D. at 214-857-1070 or you may send them an e-mail message through Veterans Health Information Systems and Technology Architecture (VISTA) or Microsoft (MS) Exchange (Outlook).

1. The VA North Texas Health Care System (VANTHCS) supports the humanity and dignity of patients throughout every phase of treatment, including dealing with grief and loss. Clinicians on the Interdisciplinary Team are trained to help the patient and family in different ways. Throughout the grief process the Interdisciplinary Team can support the patient and the family by displaying care, showing empathy, listening and talking and providing encouragement. Since chaplains are trained to address emotional and spiritual issues surrounding grief and loss, a referral to Chaplain Service is helpful in most cases.
2. “Palliative Care” is a broad term that includes end of life care, but is not restricted to persons near the end of life. “Palliative Care” focuses on control of symptoms, especially pain, rather than control of the disease. There are two basic principles of “Palliative Care”: (1) making sure the patient and family understand the diagnosis and prognosis, and (2) empowering the patient to set new treatment goals based on “living with an illness” rather than “dying with an illness”. All clinicians can help the patient, the family, and the Interdisciplinary Team by addressing quality of life issues.
3. Issues which contribute to the patient’s plan of care that the chaplain addresses are resolution of unfinished business, life and death questions, clarification of spiritual beliefs and setting new care plan goals.
4. In palliative and hospice care Joint Commission on Accreditation of Hospital Organizations (JCAHO) requires a comprehensive spiritual assessment. A chaplain completes this. A spiritual assessment includes the patient’s spiritual/religious (1) support and (2) troubles. Spiritual assessments can empower the patient to face the future. Therefore, the chaplain develops a plan of pastoral care. For the purpose of empowering the patient, follow-up visits by a chaplain may address a review of the patient’s life, end-of-life issues such as Advance Directives and funeral instructions, taking care of unfinished personal business, religious beliefs and family support.

5. Hospice care is an extension of palliative care provided for persons with weeks or months to live so that the patient may live as fully and as comfortably as possible. The Dallas VA Medical Center has hospice beds located in the Transitional Care Unit (TCU). It is important that the clinicians hear and discuss with the patient their life experiences and memories and help put the patient's life story in terms that they can understand and find meaningful. Chaplains can also help initiate the grieving process by suggesting ways of addressing fears such as pain and death and redefining hope for the future.

6.. Hospice patients may need and want to talk about their own death. It is suggested that this kind of conversation helps patients in preparation for death. This conversation may be difficult or feel uncomfortable to the staff, but it is often important and comforting to patients to verbalize their feelings and to review their life meaning. The patient may express a wide range of feelings, including grief, anger, loneliness and fear of the unknown. These feelings are called "anticipatory grief". A chaplain can prompt end-of-life discussions by listening for feelings and by having conversation with the patient, family and staff.

7. Hospice care is treatment wherein a patient is allowed to live fully until death occurs. One of the benefits of hospice care is that patients can be given maximum pain relief and other comfort care while being guided by a physician and an Interdisciplinary Team. Hospice care is also an attempt to grant as much dignity in dying as is possible given the limits of the medical situation.

8. Advance Directives (AD) are legal forms related to the public law entitled "The Patient Self Determination Act." ET-10 is the VA Policy that addresses AD. Advanced Directives at the VA North Texas Health Care System includes the following sections:

(1) The Durable Power of Attorney for Health Care

(2) The Living Will

(3) The Treatment Preferences

10. "End-of-Life Counseling" is provided by chaplains to patients with diagnoses that could lead to death. The chaplain helps the patient to identify family or spiritual resources before the time of death. End-of-Life Counseling also addresses the Advance Directives (AD): Durable Power of Attorney for Healthcare, Living Will, and Treatment Preferences at the earliest opportunity, so that the patient can make important decisions at a time while the patient is able. The AD document is optional, but very desirable and the patient must be able to understand the document and sign it. Family members cannot sign or witness the forms for the patient. ET-10 is the VA Policy that addresses ADs.

11. A Do Not Resuscitate Order (DNR) is a doctor's order to withhold cardiopulmonary resuscitation based on a decision of the doctor and the patient or the patient's health care agent. A DNR order is not the same as the Living Will portion of the Advance Directive. A DNR must be renewed periodically. VA North Texas Health Care System (VANTHCS) ET-9 is the policy that addresses DNR.
12. In the event of a patient death at VA North Texas Health Care System (VANTHCS) a chaplain is to be contacted. There are a number of reasons why a chaplain should be contacted at the time of death including grief support and to provide bereavement counseling as recommended by Joint Commission on Accreditation Of Hospital Organizations (JCAHO). The chaplain also escorts the next of kin to the Office of Decedent Affairs located in Medical Administration Service. During after duty hours and on weekends the next of kin and/or families are escorted to the Administrative Officer on Duty (AOD). At this time an explanation of benefits is provided and some final arrangements (for funeral or burial) can be made.
13. The Chaplain Service administrative office is open from 8:00 am to 4:30 pm Monday through Friday. After hours and on weekends, you may contact a chaplain by calling the VA North Texas Health Care System (VANTHCS) operator and requesting to have the "on-call" chaplain paged. Normally there is a chaplain at the VANTHCS 24 hours a day.
14. Chaplain Service is open from 8:00 am to 4:30 pm Monday through Friday. After hours and on weekends, you may contact a chaplain by calling the VA North Texas Health Care System (VANTHCS) operator and requesting to have the "on-call" chaplain paged. Normally there is a chaplain at this Medical Center 24 hours a day. An important part of continuity of care extends to the time of death of a patient. When a patient is dying, a chaplain is available to provide end-of-life counseling and grief support to the patient and to the family.
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16. Patients and family members often experience overwhelming feelings before the event of dying. The dying patient must adjust to loss of abilities, choices, limits, self-esteem, self-image and lack of mobility or freedom. Family members sometimes experience fear or anger about loss of their loved one and may become very demanding. This type of grief is called anticipatory grief. It can include sadness, feelings of loss, emptiness, hopelessness, depression, dread, anger, overwhelming frustration and fear. Patients or family members sometimes become very upset and may act out verbally or even physically, or make statements that are angry or threatening.

17. Grief is a normal coping mechanism for dealing with the death of some one a person cares for such as a family member. Grief is usually expressed by the family of a patient at the time of death and involves a wide range of strong feelings. "Grief work" includes various behaviors and responses that can help a person cope with death. Some family members become irate and demanding of the medical staff especially physicians, nurses, social workers and chaplains. A person who experiences grief may seem childlike, confused, angry and/or disoriented.

18. All staff can help a person who may be grieving by being respectful of them and understanding of their feelings. It would be more helpful to a grieving person to listen to them than to ask them to "be strong" or "hold up".

19. The main chapel of this Medical Center is located on the first floor of Building 4 and is at end of the connecting corridor of Building 1 and Building 2. It is open 24 hours a day and every day of the week. Interdenominational religious services are provided at this Medical Center and the times for services are posted on the bulletin board outside the chapel. All patients, their families, guests and employees are welcome to visit the chapel for prayer and worship. Worship services are broadcast on channel 10 for those individuals who would like to observe them on television.